

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/890348

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/		/		/
3		/		/		/
4		/		/		/
5		2		2		/
6		⓪		⓪		/
7		⓪		⓪		/
8		⓪		⓪		/
9		⓪		⓪		/
10		⓪		⓪		/
11		⓪		⓪		/
12		⓪		⓪		/
13		⓪		⓪		/
14		⓪		⓪		/
15		⓪		⓪		/
16		⓪		⓪		/
17		⓪		⓪		/
18		⓪		⓪		/
19		⓪		⓪		/
20		⓪		⓪		/
21				⓪		/
22				⓪		/
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	1	↓	1	↓	1	↓
TOTAL DEP.	20	↔	32	↔	21	↔
TOTAL CLAIMS	21		33		22	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS